

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
BUREAU OF LICENSURE AND CERTIFICATION  
**EMERGENCY MEDICAL SERVICES**

**REQUEST FOR APPROVAL OF EMS COURSE**

APPLICANT:

	<u>Please Print</u>	(Agency/Organization)
(Mailing address)		
(E-mail Address)	(Day time phone #)	

<u>Type of Course (Check one)</u>			
<input type="checkbox"/> First Responder	<input type="checkbox"/> First Responder Refresher	<input type="checkbox"/> EMT	<input type="checkbox"/> EMT Refresher
<input type="checkbox"/> Intermediate/85	<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> Advanced Refresher	
<input type="checkbox"/> EMS Instructor	<input type="checkbox"/> C.E.U ( _____ hrs)		

Start Date: _____	Date of Completion: _____
Curriculum: _____	Textbook to be used: _____
Location of Course: _____ <small>(Physical address and building i.e. school, library, college, ect.)</small>	

Please indicate whether or not this course will be open to the public: ☐ Yes ☐ No

Please indicate whether or not you have access to training forms via the EMS Web page: ☐ Yes ☐ No

**NOTE: This request must be submitted to the regional office at least 30 days prior to the anticipated start date. A course outline detailing class dates, times, topics and instructors must be submitted with this request.**

COURSE COORDINATOR: I will be responsible for the instruction and presentation of the above course. I understand that any omission of required information or misrepresentation will result in denial of approval and that failure to provide course completion material in the time allowed may result in denial of student certification.

Signature (Sign in <b>BLUE</b> ink)	Date:
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PHYSICIAN OF RECORD: I have reviewed the course outline and list of instructors for this course and agree to provide medical direction for such. I will be responsible, along with the course coordinator, for the instruction and presentation of this course.

_____ <small>(Name: Please Print)</small>	MD	Signature (Sign in <b>BLUE</b> ink)	Date:
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(EMS Office Use Only)	
Date Rec'd: _____	Recommend: Approval _____ Denial: _____
Reason for Denial: _____	
Course #: _____	Approval letter sent on: _____

Mail Request to:  
Bob Heath, Education Coordinator  
Nevada State EMS Office  
1020 Ruby Vista Drive  
Suite 103  
Elko, NV 89801  
(775) 753-1154